

# Building the Behavioral Health Workforce

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# The Behavioral Health Treatment Gap

- Mental Health Conditions
  - 45 million or one in five adults / year
  - 39% obtain treatment
- Substance Use Conditions
  - 22 million or one in ten adults / year
  - 10.8% obtain treatment



# Causes of the Treatment Gap

- Stigma and discrimination
- Lack of health care coverage
- Insufficient services
- Inadequate linkages among services
- Inadequate behavioral health workforce: size and preparation



**The New York Times Magazine**

MARCH 16, 2003 / SECTION 6

**This  
War's  
Medic**

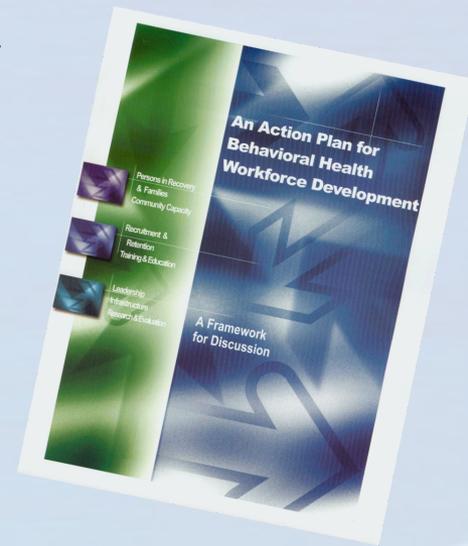
A photograph of a person's bare back, showing the shoulder blades and spine. A dark, elongated leech is attached to the skin on the left shoulder blade. The background is dark, making the person's skin stand out.

**Half of what  
doctors know  
is wrong.**

# *U.S. National Action Plan on Workforce Development*

- Two years & 5,000 participants
- Funded by the federal government
- Developed by Annapolis Coalition
- Identified:
  - Set of Paradoxes
  - Strategic goals & objectives
  - Priority action items by stakeholder
- Broad relevance

*[www.annapoliscoaliton.org](http://www.annapoliscoaliton.org)*



# Paradox 1: We train students for a world that no longer exists



**Paradox 2: Those who spend the least time with patients receive the most training**



# Paradox 3: Training programs often use ineffective approaches to teaching



# Paradox 4: We train behavioral health staff, though patients usually seek help from others



# Paradox 5: Patients & their families receive little educational support



**Paradox 6: The diversity of the workforce doesn't match the diversity of the patient population**



# Paradox 7: Students are rewarded for “doing time” in our educational systems



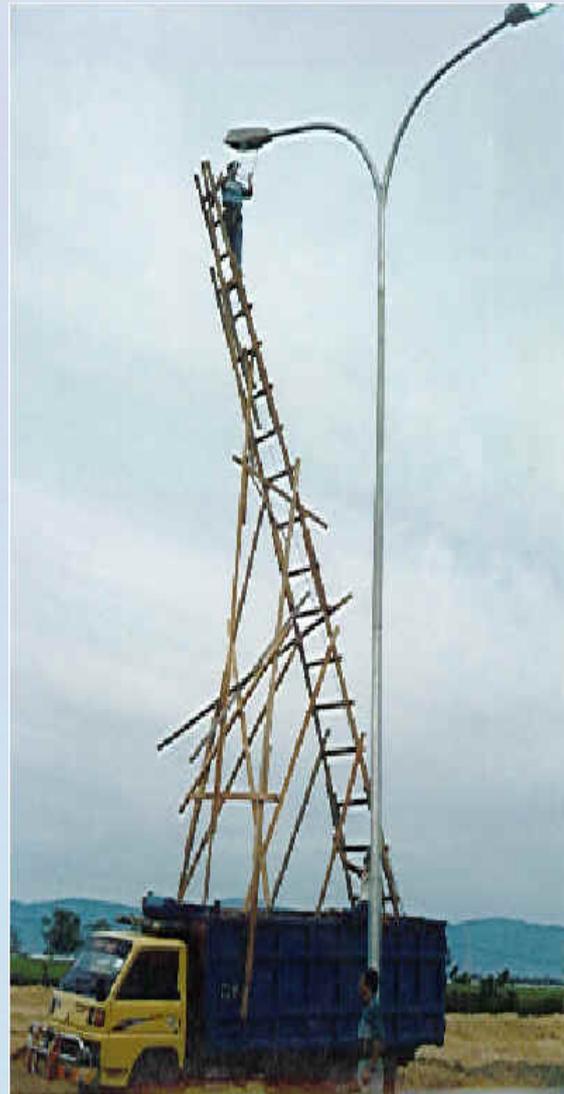
**Paradox 8: We do not systematically recruit or retain staff**



**Paradox 9: Once hired, little supervision or mentoring is provided**



# Paradox 10: Career ladders and leadership development are haphazard



# Strategic Goals From the U.S. Workforce Plan

## The Annapolis Framework

### Three Broad Categories

1. Broaden the concept of “workforce”
2. Strengthen the workforce
3. Build structures to support the workforce



# Goal 1: Workforce Roles for Patients & Families

## Objectives:

- Education about self-care
- Shared-decision making
- Expand peer & family support
- Greater employment as paid staff
- Roles in training the workforce

Example: Role of peers in decreasing hospital admissions & readmissions



# Goal 2: Workforce Roles for Community Groups

## Objectives:

- Develop community competencies
- Teach behavioral health providers to work with community groups
- Strengthen connections between behavioral health organizations and their communities

Common in Prevention, Rural Health,  
& Substance Use



# Goal 3: Roles for Health & Social Service Professionals

**Objective:** Skill development with

- Primary Care Providers
  - Screening & brief intervention
  - Co-location
  - Consultation and referral
- Emergency department personnel
- School personnel



# Core Competencies ...

## ... for Integrated Behavioral Health and Primary Care



CORE COMPETENCIES FOR INTEGRATED  
BEHAVIORAL HEALTH AND PRIMARY CARE



**SAMHSA-HRSA**  
*Center for Integrated Health Solutions*

**NATIONAL COUNCIL**  
ON INTEGRATED BEHAVIORAL HEALTH AND PRIMARY CARE

[www.integration.samhsa.gov](http://www.integration.samhsa.gov)

**SAMHSA**  
SUBSTANCE USE AND MENTAL HEALTH SERVICES ADMINISTRATION

JANUARY 2014

# The Competency of Individuals and Teams





# Goal 4: Recruitment & Retention

## Selected Objectives:

- Implement & evaluate interventions:
  - Salary, benefits, & financial incentives
  - Non-financial incentives & rewards
  - Job characteristics
  - Work environment
- Develop career ladders
- “Grow your own” workforce strategies







# Recruiting a Diverse Workforce



# Goal 5: Training: Relevance, Effectiveness, & Accessibility

## Objectives:

- Competency development
- Curriculum development
- Evidence-based training methods
- Substantive training of direct care workers
- Technology-assisted instruction
- Co-occurring competencies in every staff member



**Is it training....**

**...or just “exposure”?**





# “Rhetoric informed care”

Person Centered, Consumer Directed,  
Family Driven, Recovery & Resiliency  
Oriented, Strength-Based, Trauma  
Informed, Gender Specific, Time Limited,  
Co-Occurring, Culturally Competent  
Evidence-Based, Transformative,  
Preventative, Wrap-Around Care



# Effective Teaching Strategies

“No magic bullets”

- Interactive sessions
- Academic detailing / outreach visits
- Reminders
- Audit and feedback
- Opinion leaders
- Patient mediated interventions
- Social marketing





# Direct Care Workforce – Alaska Core Competencies

1. Cross-sector set of core competencies
2. Assessment tools
3. Comprehensive curriculum
4. Train-the-trainer learning communities
5. Coaching toolkit
6. Cost-model
7. Marketing initiative



# Goal 6: Leadership & Supervisor Development

## Objectives:

- Improve organizations' supervision policies, standards & support
- Identify leadership and supervisor competencies
- Competency-based curricula & programs
- Formal, continuous leadership development in all sectors beginning with supervision
- Succession planning





# Why Focus on Supervisors?

- More stable workforce – less turnover
- Large sphere of influence (lever)
- Less of them (more cost-efficient)
- Bridge from administration to direct care staff
- Undermine new policies & practices if not thoroughly involved

“If you could only do one thing....”



# Increased Need for Supervision

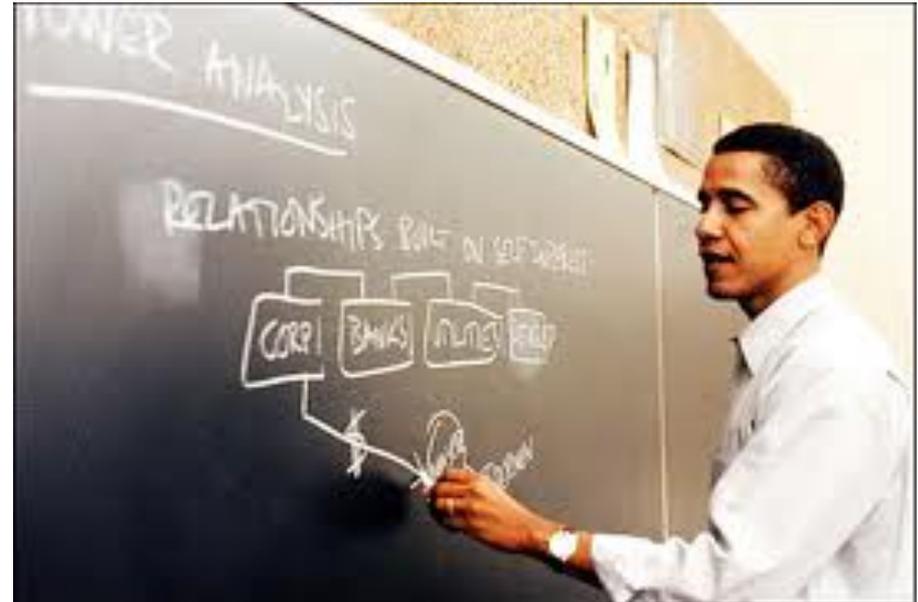
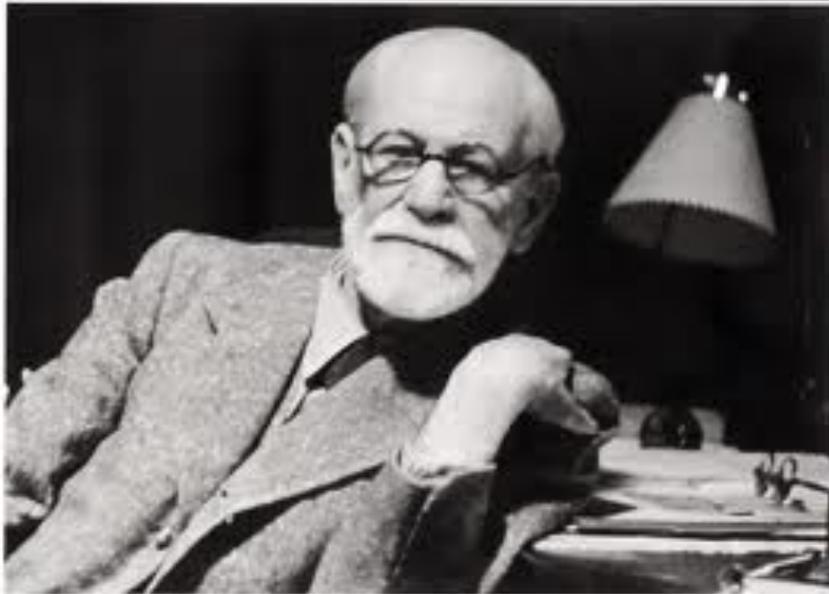
1. Increased case-loads
2. Shift from facility to community care
3. Greater autonomy
4. Individual complexity (co-occurring)
5. Greater risk (risk assessment & mgmt)
6. Service complexity (EBPs)
7. Systems complexity



# Supervision OR Surveillance?



# The Many Roles & Functions of Supervisors



# Yale Program on Supervision

*[www.supervision.yale.edu](http://www.supervision.yale.edu)*

## Implementation science approach

### 1. Organizational change

- Supervision Policy & Standards

### 2. Staff development at all levels

- 3 classic functions (admin, education, support)
- Consultations & conversations
- Ongoing learning community

Tailored approach with various systems & organizations in multiple states

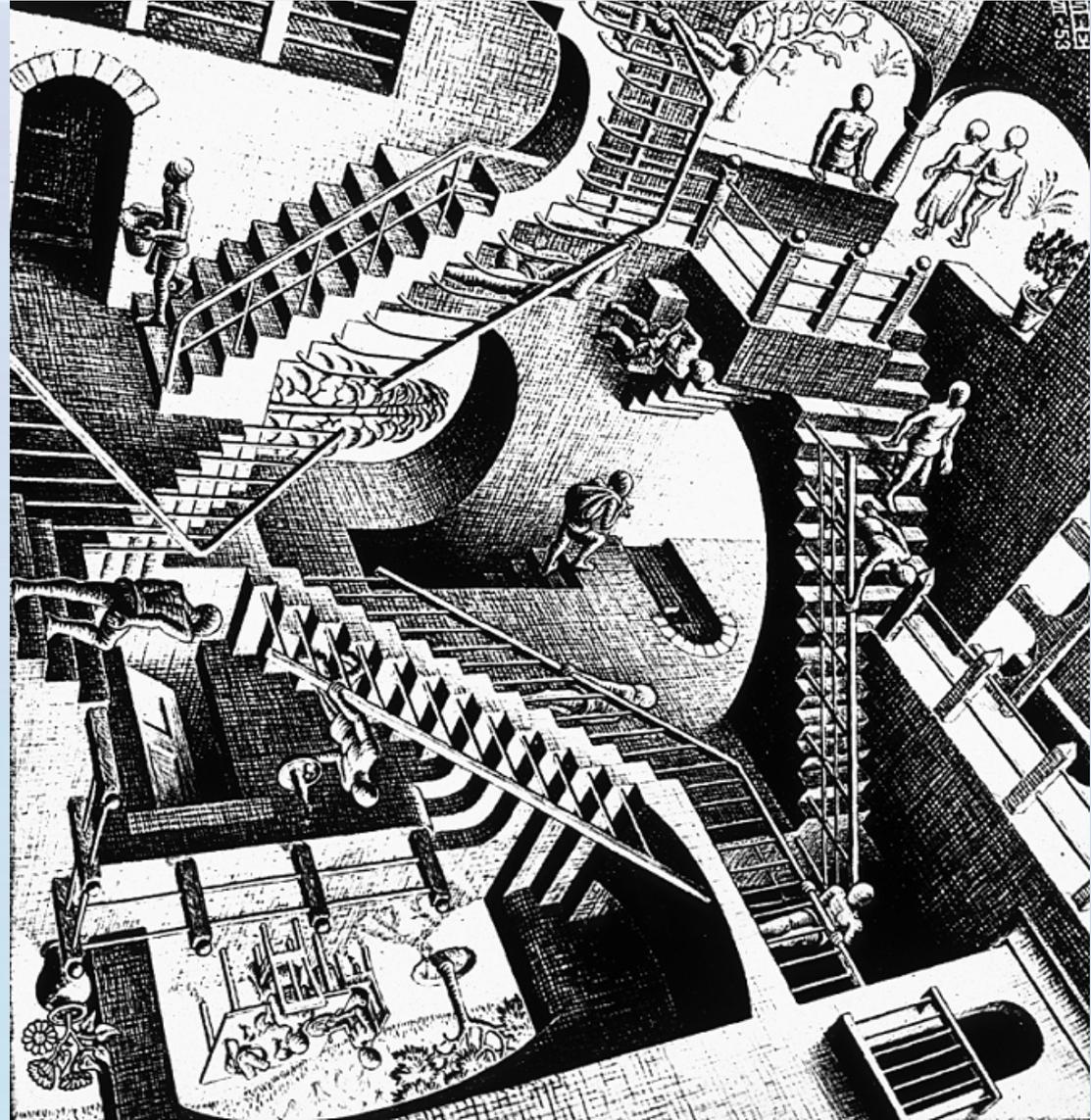


# Supervision Policy

- Distinguishing supervisory levels
- Functions of supervision
- Supervision agreement
- Minimum frequency, duration, & format
- Documentation of supervision
- Supervisor qualifications, preparation & continuing education
- Evaluation of supervisor performance



Another Paradox: Healthcare systems often undermine the competent performance of individuals



# Goal 7: Infrastructure

## Objectives:

- Strengthen human resource & staff development functions
- A workforce plan
- Data-driven quality improvement on workforce issues (CWI)
- Information technology to support training, workforce activity, & activity tracking
- EMR to decrease the paperwork burden: variable, redundant or purposeless reporting





# Connecticut Workforce Collaborative

- SAMHSA funded “Transformation”
- Commissioner driven workforce focus
- Statewide workforce collaborative providing planning & oversight
- Interventions on: higher education curriculum reform; supervision; leadership development (parent & professional); peer run employment services
- Lessons about sustainability



# Goal 8: Evaluation & Research

## Objectives:

- Improved workforce data and trending
- Documentation & dissemination of effective workforce practices
- Evaluation & research on workforce development practices

The search for innovation...



# Goal 9: Financing

**Objectives:** Adequate service funding and worker compensation

- Service agencies are underfunded
- Workforce size is constrained
- Wages and benefits are suppressed
- Worker caseloads, burden, burnout, and turnover increase
- The economic benefit of pursuing these careers declines
- Recruitment becomes more challenging





# Advocate and Act



# **20 Strategies for Building a Strong Workforce**

# Handouts / Articles

- 20 Strategies (One pager)
- Annapolis Framework (Health Affairs)
- State Workforce Transformation
- Integrated Care Competencies
- Higher Education Curriculum Reform
- Direct Care Workers (Alaska)
- Strengthening Supervision







# **A Final Word from E.B. White**

# THANK YOU



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